

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28069

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 100M3
 City St. Louis, Mo. (No. Lutheran Hospital) St. Ward)

File No.
 Registered No. 7150 St. Ward)

2. FULL NAME

George Riess
 (a) Residence, No. 4636 Shenandoah St. 17 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Riess
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Katherine Riess St. 4636 Shenandoah St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cemetery DATE August 21, 1933

19. UNDERTAKER (ADDRESS) Southern 133-2131 St. Grand Old

20. FILED 19 7 Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1933, to Aug 18, 1933
 I last saw him alive on Aug 17 7 PM, 1933. Death is said to have occurred on the date stated above, at 1:30m. p.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
920 106
 Other contributory causes of importance:
myocardial failure

Date of onset

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. C. Connell M.D.

(Address) 3903 1/2 Main St.

APR 20 1917

O'Connell & Hydrus
Meramec